COUNT	TRYSI DE	HON	Æ	-	FDD
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JEFFERSON 53549 Phone: (920) 674-3170 Ownershi p: County Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: **FDDs** Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/01): 32 Title 18 (Medicare) Certified? No Total Licensed Bed Capacity (12/31/01): 32 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 31 Average Daily Census: 31

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	9. 7
Supp. Home Care-Personal Care	No					1 - 4 Years	16. 1
Supp. Home Care-Household Services		Developmental Disabilities	100. 0	Under 65	61.3	More Than 4 Years	74. 2
Day Services	No	Mental Illness (Org./Psy)	0. 0	65 - 74	35. 5		
Respite Care	No	Mental Illness (Other)	0. 0	75 - 84	3. 2		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	0.0	**********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.0	95 & 0ver	0. 0	Full-Time Equivalen	t
Congregate Meals	No	Cancer	0. 0	İ		Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	0. 0		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	0.0	65 & 0ver	38. 7		
Transportation	No	Cerebrovascul ar	0.0			RNs	0.0
Referral Service	No	Di abetes	0.0	Sex	%	LPNs	10. 7
Other Services	No	Respi ratory	0. 0			Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	0.0	Male	54.8	Aides, & Orderlies	60. 5
Mentally Ill	No			Femal e	45. 2		
Provi de Day Programmi ng for			100. 0		j		
Developmentally Disabled	Yes				100.0		ate ate ate ate ate ate ate

Method of Reimbursement

		ledicare litle 18			ledicaid itle 19			0ther			Pri vate Pay	•		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Diem (\$)	Total Resi - dents	% Of s All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				30	100.0	143	0	0.0	0	1	100.0	236	0	0.0	0	0	0.0	0	31	100.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		30	100.0		0	0.0		1	100.0		0	0.0		0	0.0		31	100.0

County: Jefferson COUNTRYSIDE HOME - FDD

Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti o	ns, Services, ar	nd Activities as of 12	/31/01
Deaths During Reporting Period	l			% 1	 Veedi ng		Total
Percent Admissions from:		Activities of	%		stance of	% Totally	Number of
Private Home/No Home Health	0. 0	Daily Living (ADL)	Independent		Two Staff	Dependent	Resi dents
Private Home/With Home Health	0. 0	Bathi ng	0. 0		32. 3	67. 7	31
Other Nursing Homes	0. 0	Dressing	22. 6		32. 3	45. 2	31
Acute Care Hospitals	33. 3	Transferring	41. 9		25. 8	32. 3	31
Psych. Hosp MR/DD Facilities	0. 0	Toilet Use	38. 7		41. 9	19. 4	31
Reĥabilitation Hospitals	0.0	Eati ng	48. 4		32. 3	19. 4	31
Other Locations	66. 7	********	******	******	***********	*************	******
Total Number of Admissions	3	Continence		% 5	pecial Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	3. 2	Receiving Resp	oiratory Care	3. 2
Private Home/No Home Health	0.0	Occ/Freq. Incontinent		77. 4	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	t of Bowel	58. 1	Receiving Suct		0. 0
Other Nursing Homes	0.0	· -			Receiving Osto	omy Care	0. 0
Acute Care Hospitals	33. 3	Mobility			Receiving Tube	Feedi ng	0. 0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	51.6	Receiving Mech	anically Altered Diets	35.5
Rehabilitation Hospitals	0.0				_	-	
Other Locations	0.0	Skin Care			Other Resident C	Characteri sti cs	
Deaths	66. 7	With Pressure Sores		6. 5	Have Advance D	i recti ves	100. 0
Total Number of Discharges		With Rashes		6 . 5	Ædi cati ons		
(Including Deaths)	3				Receiving Psyc	choactive Drugs	32. 3

	Thi s	I	FDD	Al l				
	Facility	Fac	cilities	Faci	ilties			
	%	%	%	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	96. 9	84. 6	1. 14	84. 6	1. 15			
Current Residents from In-County	80. 6	41. 3	1. 95	77. 0	1. 05			
Admissions from In-County, Still Residing	33. 3	17. 0	1. 96	20. 8	1. 60			
Admissions/Average Daily Census	9. 7	18. 6	0. 52	128. 9	0. 08			
Di scharges/Average Daily Census	9. 7	22. 2	0. 44	130. 0	0. 07			
Discharges To Private Residence/Average Daily Census	0. 0	9. 4	0.00	52. 8	0.00			
Residents Receiving Skilled Care	0. 0	0. 0	0.00	85. 3	0.00			
Residents Aged 65 and Older	38. 7	15. 8	2. 44	87. 5	0. 44			
Title 19 (Medicaid) Funded Residents	96. 8	99. 3	0. 97	68. 7	1. 41			
Private Pay Funded Residents	3. 2	0. 5	6. 64	22. 0	0. 15			
Developmentally Disabled Residents	100. 0	99. 7	1. 00	7. 6	13. 19			
Mentally Ill Residents	0. 0	0. 2	0.00	33. 8	0. 00			
General Medical Service Residents	0. 0	0. 1	0.00	19. 4	0.00			
Impaired ADL (Mean)*	53. 5	50. 6	1. 06	49. 3	1. 09			
Psychological Problems	32. 3	46. 6	0. 69	51. 9	0. 62			
Nursing Care Required (Mean)*	6. 5	11.0	0. 59	7. 3	0. 88			